



KENTUCKY TRANSPORTATION CABINET
Office of Special Programs

TC 20-23E
Rev. 07/2006
Page 1 of 2

INVOICE

Vendor:

To:

Kentucky Transportation Cabinet
Office of Special Programs
200 Mero Street, Sixth Floor
Frankfort, KY 40622
Telephone: (502) 564-2060

Project Name: _____

Contract No.: _____

Vendor's Invoice No.: _____

Total Federal Funds: _____

Item No.	Description	Contract Amount	Current Invoice	Total Billed to Date	Remaining Balance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Sub Totals (This Page)					

Vendor: _____

Project Name: _____

Contract No.: _____

Vendor's Invoice No.: _____

Total Federal Funds: _____

Item No.	Description	Contract Amount	Current Invoice	Total Billed to Date	Remaining Balance
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
	Sub Totals (This Page)				
	GRAND TOTALS				

Total Required Match: _____

Match for Current Invoice: _____

Total Match Provided to Date: _____

VENDOR'S CERTIFICATION

I hereby certify that the commodities or services specified have been furnished to the Commonwealth of Kentucky; that the quality and the prices conform to the proposal and purchase order or contract; and that payment, in whole or in part, has not been received.

Signature

Name and Title

Date